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be saved. Traveling in the 20th century cannot be compared to that of Miss Nightingale's time, ordinarily, but traveling in Russia to-day would "appal most women," but in our case, as in Florence Nightingale's, it inspires us. Hospitals in the east are not like those anywhere else, in the best of times, but during the war times they are truly "horrible." Conditions are somewhat improved since the days of post horses, open cess pools, and sewer gas, but in war work, where we depend on old barracks for hospitals, we do find rats and vermin of all kinds, and in these foreign lands, the biting fleas. We do not have to scrub floors or do the ward washing yet, but we do much harder work; we have no trained orderlies to do this work for us. The doctors and officers do not object to us. We have coöperation on all hands. Times have changed in this respect since the war days in which Florence Nightingale toiled so nobly. Doctors have learned to appreciate us, and we love and respect them, our generals. Feeding the wounded is, and always will be, a problem, I believe. Patients from different nations never will be able to partake of the same menu. In war times we cannot specialize and foodstuffs are scarce and expensive. How happy Miss Nightingale would be if she could but behold her heart's desire fulfilled in the organization of supplies. Supplies, stores, and clothing are wonderfully and abundantly furnished, thanks to our American Red Cross organization at Washington, and to the conscientious, faithful, devoted women in the homes of our motherlands. Thanks, again, to the organization, nurses of to-day do not work twenty hours a day. But it is needless to say we all work overtime, but when we know we are really serving, it is only play, not work. Encouraging and cheering the sick and wounded is our part in the war work to-day, as much as in Florence Nightingale's time. In fact it has even a larger scope than simply cheering the sick at heart, as is every good nurse's duty in war time or in peace; to-day Red Cross nurses are a large instrument in the propaganda work of nations. One of our greatest duties is to make these foreigners understand our ways. This is particularly hard where a different language is spoken, but it is interesting to see how, by some little kindness, a heart may be touched, and a smile won, without a word being spoken. The spirit of love is universal. When we know that God is Father of us all, we do not need to wonder. We do not aim to have our patients' gratitude; our aim is to save every life that we are able to, so that that soul may live to thank Him who taught us to be kind. Personally, every one of us prays to God that He will spare us to help those who fall, that humanity may stand, and to keep us all pure and good, faithful to the last; so shall we make the nursing profession a living monument to her who strove so patiently, so beautifully.

G. P. C.

(Written on Night Duty, somewhere in Siberia.)

WHAT SHALL WE DO?

Dear Editor: I have been reading with a good deal of interest the proposals for shortening the period of training for nurses, and thus making them more available for the person of small income. This discussion raises several questions of vital importance to nurses. One of the best articles on this subject was written by Edna L. Foley, superintendent of the Chicago Visiting Nurse Association, for the *Chicago Tribune*. Miss Foley, who knows nursing problems in Chicago, stated that any solution of the problem would have to deal with the fact that less than 6 per cent of the people of Chicago paid an income tax. That statement startled me! An income tax these days starts at a pretty low figure. We paid one, and we have to count our pennies. So I know from experience

that some of that 6 per cent who are paying an income tax are not riotously rich. Now we live in what is commonly called a democracy—and by that we vaguely imagine it to be a place where there is the greatest good to the greatest number, and so a statement like this about the income tax should make us all think. If the percentages were reversed and 90 per cent were paying an income tax and only 6 per cent were in poverty, we should still have something to think about. Frankly, what this proposed legislation means, in fact, is that we shall not think, but accept, the facts set forth and, on the basis of those damning facts, adjust our standards to the "God of things as they are." The present standards of training and training schools were built up as the result of hard labor coupled with vision on the part of the pioneers in our profession. However, this is not the worst part of the proposed innovation, its viciousness lies in the fact that we would be recognizing and accepting classes. The rich are not always seriously ill, every time they are sick, nor are the poor always afflicted with just minor troubles, so it is difficult to see how these differently trained groups would differentiate among their patients. Then again it often happens that even a practical nurse loses as much sleep as a trained one, so her work is just as hard, even if it is not as well done. Are we ready to commercialize our profession? to say, if you have the money you will get the care, if not, we have provided a substitute for you. Is the medical profession to be asked to tamper with its standards in order to supply cheap doctors for this 94 per cent of our people? If our Americanism can accept any such levelling of our standards to meet the needs of a permanently submerged class, then we are indeed hopeless. While such conditions prevail they are a challenge to us. Nothing else is worth thinking or talking about until we change these percentages in our economic life. If we have industrial autocracy, let us get rid of it; if we do not, we may be sure it will get rid of us, and this plea for legislation to permit the lowering of our standards is the entering wedge of that autocracy that will destroy the standards, not only of the nursing profession, but of every other group within our nation. Let us keep our standards, and turn our attention toward some other solution of the problem of providing nursing care for the submerged 94 per cent of our population. I don't want to sit supinely among the prosperous 6 per cent and lower my standards to cover up the ghastly inequalities of our economic system.

Iowa

F. O. B.

NURSING AMONG THE INDIANS

Dear Editor: Away up in the northeastern corner of New Mexico, on an Indian reservation, are 13,000 Navajo Indians. There is a small missionary hospital there, and three missionaries, one of whom is a nurse. When the influenza swept over the reservation, carrying death and desolation with it, all patients that could be accommodated were cared for in the hospital, and it was full to overflowing, by the nurse, the teacher, and the missionary in charge. Day and night they worked. When the wards were empty, the nurse went on horseback for days to the hogans, carrying dressings, comfort, medicines, and sympathy to those poor souls who are beginning to know God through her ministrations. Hers is not an easy position, for a doctor is not to be had often, and the tribes still use their own medicine men, who do not look with kindness on the medicines and treatments of our nurse. I want to tell you of their Christmas celebration. It was a very cold day and they did not expect many Indians in at the Mission, but their preparations went on just the same. They cut down a tree and dragged